



**DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH PROFESSIONAL LICENSING ADMINISTRATION
BOARD OF NURSING HOME ADMINISTRATOR**

To expedite the processing of your **NEW LICENSE APPLICATION** be sure to follow the instructions carefully before mailing your application package. It is important to send in all the required supporting documents listed below based on the method by which you are applying:

LICENSE TYPE: I

EXAMINATION

Checklist of Supporting Documents required

- ☐ A complete signed application for DC License.
- ☐ Two (2) recent passport photos (2" X 2")
- ☐ Social Security Number or a Sworn Affidavit
- ☐ Name Change Documents
- ☐ Three Character Reference Forms
- ☐ Verification of Licensure (if licensed in other jurisdictions)
- ☐ Examination Scores (NABENHA)
- ☐ Undergraduate Transcript
- ☐ Verification of Training Form
- ☐ Medical School/ Professional Training Transcript(s)
- ☐ If Foreign Educated, degree from accredited foreign institute or certification from private education evaluation service
- ☐ Fee must be in the form of Check, Money order or Certified Check Payable to Promissor
- ☐ \$247 for Application and License Fee

LICENSE TYPE: II

RE-EXAMINATION

Checklist of Supporting Documents required

- ☐ A complete signed application for DC License.
- ☐ Two (2) recent passport photos (2" X 2")
- ☐ Name Change Documents
- ☐ Fee must be in the form of Check, Money order or Certified Check Payable to Promissor
- ☐ \$91 for Application and License Fee